

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>09/511,776</u>	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.
1	1		1		1		51				
2	1		1		1		52				
3		2		2		2	53				
4		2		2		2	54				
5		2		2		2	55				
6		2		2		2	56				
7		2		2		2	57				
8		2		2		2	58				
9		2		2		2	59				
10		2		2		2	60				
11		2		2		2	61				
12		2		2		2	62				
13		2		2		2	63				
14		2		2		2	64				
15	1		1				65				
16		1		1			66				
17		1		1			67				
18		1		1			68				
19		1	1				69				
20		1	1				70				
21		2		2			71				
22		2		2			72				
23							73				
24							74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3		5		2		TOTAL IND.				
TOTAL DEP.	30		27		20		TOTAL DEP.				
TOTAL CLAIMS	33		32		22		TOTAL CLAIMS				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE  
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